SALE FIRE MARRIE

BFS-250A COURSE / GRANT EXPENSE REPORT

NOTICE: This completed form must accompany all final course paperwork. You must also complete the BFS-250 online

County/Grantee Name: Course/Grant Number: Instructor 6 digit PIN Start Date: Course Location: Approved Funding Total:		Course Name: Instructor Name: CTC Chairperson: End Date: Number of Students	3	-
Person/Institution Payment has been paid by CTC/Grantee with state funds:		Miscellaneous expenses paid for with state funds		STATE OF MICHIGAN TRAVEL RATES PER
NAME	AMOUNT	LIST ITEM	AMOUNT	DAY
				Lodging \$75
				Breakfast: \$8.50
				Lunch: \$8.50
				Dinner: \$19.00
				Mileage: .390 per mile
		TOTAL:	\$ -	
		TOTAL OF STATE FUNDS:	\$ -	
		Notice: This total m the figure shown in Total" b	"State Funding	
TOTAL	Ġ .	T		4

The Applicant is required to submit this completed form and any associated receipts for items shown on this form. The State of Michigan retains the right to audit any funded course using State of Michigan funds. The "State Funding Total" shown above is the maximum amount that the MFFTC will pay for a class or grant request. Any "Miscellaneous Expenses" must be listed in the assigned boxes and will reduce the total amount available in the "Person/Institution Payment" boxes to the left. The box labeled "Total of State Funds" must not exceed the "State Funding Total" box.

IMPORTANT NOTICE: Submit to the address below ONLY

Bueau of Fire Services

Attn: Fire Fighter Training Division / Courses

P.O. Box 30700 Lansing, MI 48909